Relationship of the Health Officer and the Practicing Physician to the Planning of Smaller Hospital and Health Center Facilities in California

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THE Bureau of Hospital Surveys of the State Department of Public Health has but recently completed a state-wide study of existing hospital and health center facilities in California. Similar surveys have been or are being made in the majority of the states and information secured is being correlated by a special staff at the headquarters of the American Hospital Association in Chicago. When completed this voluminous material will form the basis for determining the existing health facilities of the nation.

As a result of the study in California a plan will be drawn up and recommendations will be made as to what type of facility is needed and where it should be located to make hospital care available to all areas. This planning will take cognizance of existing institutions which are rendering adequate service.

California has been tentatively divided into 18 regions conforming broadly with established trade areas but not political boundaries since county and regional lines do not necessarily coincide. Each area or region is planned to contain a centrally located regional hospital surrounded by an adequate number of community general hospitals which in turn are encompassed by smaller community health centers. The community general hospital and the health center will of necessity offer more limited types of service and rely on the central regional institution to augment their facilities and special services just as the latter will in turn rely on the teaching hospital connected with a medical school for certain highly specialized procedures.

The problem of supplying an adequate type of service becomes increasingly difficult as the distance from the centers of population concentration increases. It is a problem of personnel as well as one of adequate facilities.

If one stops to consider the situation it becomes evident why newly graduated doctors of medicine prefer the larger centers. We train these men under ideal conditions of equipment and leadership in the various special branches of medical science. The student and intern is thrown with men who stress the most modern methods of diagnosis and therapy in an atmosphere of practice at its best. Can we blame these same young men if they desire to continue in as close association with this particular set of conditions as is possible? Is it to be expected any of them will elect to isolate themselves in communities where it is impossible to practice as they have been taught, impossible to apply the methods they have been told are necessary?

How may the desired standards of service be attained and, just as important, maintained? The mere construction of hospitals and health centers in the absence of medical and technical personnel would accomplish nothing. Likewise, personnel will not willingly choose to settle in areas lacking adequate facilities. The remedy is not to be readily found. It is generally agreed among those who are interested in this situation that economic conditions, while responsible to some extent, are not the only factors influencing this availability.

One important step toward the goal of adequate care in the areas where the density of the population does not justify the erection of any facility but one rendering limited service would be the establishment of a combined medical service center and public health center operated to supply not only hospital facilities and diagnostic and curative medical care, but public health services for the prevention of illness.

To bring about desired health facilities properly staffed to function efficiently there must be developed a close cooperation and association between at least three groups—the public, the medical profession and the public health department.

The people of a community will enjoy the type of public health and medical care it desires and demands. If the public is not in a position to judge what constitutes proper standards for their particular community, it is the duty of both the practicing physician and those representing the health department to see that the public is instructed and brought up to date in regard to such standards.

To carry out such an educational campaign effectively, there should be the closest working relationship between the medical men engaged in private practice and those concerned with preventive methods. It is only by this cooperation and mutual help that the desired result will be attained and facilities developed that will attract personnel and adequately serve the community.

Ideally such a plan requires the appointment of a full-time, specially trained, experienced medical officer of health and an adequate staff. This set-up should receive encouragement and cooperation from state medical, dental and nursing organizations, as well as from official and voluntary health agencies.

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There should be an increasing understanding between practicing physicians and their colleagues in related fields concerning the role of local government in making available the resources which the services of preventive medicine are constantly expanding, as well as the place these resources occupy in relation to the practice of diagnostic and curative medicine in a community. The line of demarcation between the two is becoming less sharply drawn as new methods and techniques are developed and new fields invaded.

The detailed planning of hospital facilities—the number, type, and distribution—depends upon a thorough consideration of several factors. A general over-all estimate may be made on the basis of certain broad principles of hospitalization generally accepted and in common usage. The United States Public Health Service has promulgated the following bed standards:

General	4.5 per 1000 population
Tuberculosis	2.5 times average annual deaths from tuberculosis
Mental Disease	.5 per 1000 population
Chronic Disease	.2 per 1000 population

In estimating the hospital needs in California, the following tabulation is based upon the application of these standards to estimated population for 1946. The figures indicate the estimated number of beds necessary in each category, the number available on the basis of the current survey, and the estimated shortage in each class.

	Estimated Needed	Available	Estimated Shortage
General	41,625	27,525	14,100
Tuberculosis	9,920*	6,885	3,035
Mental	46,250	27,450	18,800
Chronic	18,500	5,200	13,300
Total	116,295	67,060	49,235

* Based on average annual number of deaths, 1940-1944.

These estimates are subject to many conditional factors which must be studied in detail before they may be unqualifiedly accepted. They do not take into consideration the number of general beds that need replacement.

The planning of new hospital and health center facilities for smaller communities becomes more complex as their functions and the place they should occupy in the community broaden. Construction and maintenance of such institutions is expensive, and it is by combining forces and creating a center from which emanate all health activities of the community that an improved standard of care may be more readily supported.

Through the close association mentioned above between an enlightened public, the private practitioner and the public health official, the desired goal will be brought nearer. It is, therefore, the duty of the medical profession and the health officers to work in close association in such manner as to make possible a high quality of health care in the smaller communities throughout the state.

DISCUSSION BY EDWARD LEE RUSSELL, M.D., SANTA ANA

Dr. Gilman's paper is a concise statement of the main objective of every medical statesman in America. It is mainly, to provide medical care which can be delivered promptly, adequately and of uniformly high quality, to all the people, everywhere. It is obvious, from Dr. Gilman's paper, that this objective cannot be easily achieved. As Dr. Gilman has indicated, the solution of this problem involves providing, first, the adequate physical facilities—regional hospitals, community general hospitals and health centers. This job, alone, is a tremendous undertaking which involves not merely an increase in beds, but the elaboration of a complex plan which makes proper allowance for all variants such as the age composition of the population, population distribution; the changes in medical practice due to new medical discoveries, and the changing hospital use habits of the general public.

As Dr. Gilman states, we must not only develop the physical properties, but must prepare to staff them adequately with competent physicians, nurses, technicians and service personnel. This, in itself, is a herculean task. We are just beginning to feel the full impact of the physician and nurse shortage. The recent war consumed years of educational time which, now, in most cases will not be retrieved. The finest and most modern hospitals, laboratories, x-ray equipment, physical therapy departments and diet kitchens without staff are valueless.

However, this great hospital system, which Dr. Gilman envisages, is neither visionary nor impractical. These are the basic essentials of adequate medical care for the American people. This plan, likewise, will change the pattern of medical practice for the future. Medical practice of the future will focalize around, and radiate from, the hospital and health center. We will see more of group practice and less of individual private practice, as we now know it.

Private practitioners and public health men will, of necessity, have a closer working relationship. This will be mutually beneficial and will more completely achieve their joint objective to maintain and improve the public health.